## L16000096149

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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D. BRUCE AUG 19 2020

## **COVER LETTER**

Division of Corporations		
VACASA FLORIDA LLC SUBJECT:		
(Name of Limited Liability C	Company)	
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o:	
JOHN THRESHER		
(Contact Person)	<del></del> -	
ZINZOW LAW		
(Firm/Company)	<del></del>	
8750 HAWBUCK ST		
(Address)	202 SE T	
TRINITY, FLORIDA 34655	2020 JUL -6 SECRETARY TALLAHA	**** 
(City/State and Zip Code)	— AH2 — 6	
For further information concerning this matter, please ca	ທີ່	
JOHN THRESHER 727		•
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida	•	
■ \$25 Filing Fee	ing Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	s it appears on the records of th	e Florida Department
of State is: VAC	ASA FLORIDA LLC		·
2. The Florida docu	amen√registration number a	ssigned to this limited liability	company is:
L16000096149	_		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:
4. I. RICHARD HAS	KINS	, hereby withdraw/resign	as a
(Print N	ame of Person Resigning)		
MANAGER			
	(Print Title)		
	bility company and affirm thiting.  Sociating Member or Resignation	ne limited liability company ha	s been notified of my FILL -6 AM 7: 04 TALLAHASSEE, FL
	\$25.00 (Required) \$30.00 (Optional)		F 9